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CU	STOMEF	R N	IUMBE	hereby certify that this Fee(s) Transmittal is being deposited with the United tates Postal Service with sufficient postage for first class mail in an envelope ddressed to the Mail Stop ISSUE FEE address above, or being facsimile ansmitted to the USPTO (571) 273-2885, on the date indicated below.			
22850					(Depositor's name)		
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					-		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		A	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/536,697 PITLE OF INVENTION	05/27/2005 FACE DETECTION			Robert Mark Porter		282546US8XPCT	2286
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	FEE TOTAL FEE(S) DUE	DATE DUE
попрrovisional	NO		\$1510	\$300	\$0	\$1810	02/25/2009
EXAMINER			ART UNIT	CLASS-SUBCLASS			
PERUNGAVOOR, SATHYANARAYA V			2624	382-118000	•		
1. Change of correspondence adcress or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Oblon, Spivak, 2 McClelland, Maier 3 & Neustadt, P.C.			
B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SONY UNITED KINGDOM Please check the appropriate assignee category or categories (will not be printed on the patent):							
Advance Order - # of Copies				 D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed. ☑ Payment by credit card. Transmitted via EFS-Web. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form). □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). 			
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Jarnes D. Hamilton

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